

# **American Association of Healthcare Administrative Management**

## **PROFESSIONAL CERTIFICATION EXAM APPLICATION (CPAM/CCAM)**

PLEASE TYPE OR PRINT NEATLY

Date \_\_\_\_\_

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_  
(Please print name as it should appear on certificate)

Employer Name \_\_\_\_\_  
(Please be sure to include your company/hospital name if it is part of the address below)

Mailing Address \_\_\_\_\_  
(Please put the address you want your confirmation letter(s) mailed to)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Local Chapter Name \_\_\_\_\_ Local Chapter Number \_\_\_\_\_ Member ID \_\_\_\_\_

Do you have at least four years of healthcare experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have at least two years of healthcare experience and a two year college/university degree? Yes \_\_\_\_\_ No \_\_\_\_\_

Exam to be taken: CPAM \_\_\_\_\_ (Hospital) CPAM Dual Certification \_\_\_\_\_ (Hospital)  
\*Only for Current CCAM Certified Examinees

CCAM \_\_\_\_\_ (Clinic) CCAM Dual Certification \_\_\_\_\_ (Clinic)  
\*Only for Current CPAM Certified Examinees

What exam are you sitting for? CLOSED May 7, 2005 \_\_\_\_\_ October 8, 2005

If this is a full retake, what year/month did you originally sit for the exam? \_\_\_\_\_

**NOTE:** If it has been more than 18 months since you originally sat for the CPAM/CCAM you must retake the **entire** exam.

If this is a section retake what year/month did you originally take the exam? \_\_\_\_\_

Check below what section(s) are you taking.

Section 1 \_\_\_\_\_ (Pat. Reg./Comm.) 2 \_\_\_\_\_ (Billing) 3 \_\_\_\_\_ (C & C) 4 \_\_\_\_\_ (Acct. Rec. MGMT)

If you are applying for Dual Certification when did you originally become a CPAM or CCAM? \_\_\_\_\_

PLEASE CONTINUE ON THE NEXT PAGE

**PLEASE TYPE OR PRINT NEATLY**

Please list your last three employers

Your Current Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Business \_\_\_\_\_

Your Current Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Business \_\_\_\_\_

Your Current Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Business \_\_\_\_\_

I hereby declare that the statements contained in this application are true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\*\*\*\*\*

If not paying via Amex, Visa, MC make Checks/MO's payable to "AAHAM"

**NOTE:** examinees must pass 2 of 4 sections for full exam otherwise complete retake is necessary

**NOTE:** there are no section retakes for dual exams, passing the entire dual exam is required outright

Check one of the following boxes:

\_\_\_\_\_ \$175 for the full CPAM or CCAM exam \_\_\_\_\_ \$100.00 for the dual certification exam

\_\_\_\_\_ \$40 for one section retake \_\_\_\_\_ \$80 for two section retakes

Complete the appropriate payment boxes and please keep a copy of this application for your records.

Payment Method: \_\_\_\_\_ Check/MO \_\_\_\_\_ Amex \_\_\_\_\_ Visa \_\_\_\_\_ MC **NO Purchase Orders**

Name Printed on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

The CPAM/CCAM is available **only** to AAHAM National members in good standing.

The CPAM or CCAM Dual certification exam is available **only** to current CPAMs or CCAMs.

Your application and payment must be **received** by the AAHAM National Office electronically or mailed to 11240 Waples Mill Rd. Suite 200 Fairfax, VA 22030 by 3/1 for the April exam, and by 8/1 for the September exam.

Examinees receive a mailed confirmation letter from AAHAM indicating application acceptance or denial. A letter from your Chapter Certification Chair indicating the time and location of the exam will soon follow any acceptance letter.

**(Application Version 1-18-05)**

**American Association of Healthcare Administrative Management**  
**TECHNICAL CERTIFICATION STUDY GUIDE ORDER FORM**  
**March 2005 Edition (CPAT/CCAT) By: Rose M. Dunphy, CPAM,**  
**Dyan C. Anderson, CPAM, & Roberta C. Patrow, CPAM**

PLEASE TYPE OR PRINT NEATLY

Date \_\_\_\_\_

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Employer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Local Chapter Name \_\_\_\_\_ Number \_\_\_\_\_

How did you find out about this book? \_\_\_\_\_

What do you look to gain from the purchase of this book? \_\_\_\_\_

**PRICE PER BOOK: \$50**

**NUMBER OF BOOKS: \_\_\_\_\_**

**SHIPPING: INCLUDED**

**TOTAL \_\_\_\_\_**

**THIS APPLICATION IS FOR THE CPAT/CCAT STUDY GUIDE ONLY! YOU DO NOT NEED TO FILL OUT THIS APPLICATION IF YOU SIGNED UP FOR THE CPAT/CCAT EXAM!**

**If you sign up for the CPAT/CCAT exam the study guide is provided to you 7 weeks before the online exam.**

Payment Method:      Check              MC              VISA              AMEX              **No Purchase Orders**

Name Printed on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Credit Card Number and Expiration Date \_\_\_\_\_

Mail this application with your credit card information or your Check/MO made out to "AAHAM" to:

AAHAM National Office

11240 Waples Mill Rd., Suite 200

Fairfax, VA 22030

Or fax this application to the AAHAM National Office at 703-359-7562

Thank you for your purchase and support of the American Association of Healthcare Administrative Management.

# **American Association of Healthcare Administrative Management**

## **TECHNICAL CERTIFICATION EXAM APPLICATION (CPAT/CCAT)**

PLEASE TYPE OR PRINT NEATLY

Date \_\_\_\_\_

Name (First) \_\_\_\_\_ ( Last) \_\_\_\_\_  
(Please print name as it should appear on letters and certificate)

Employer Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Please put the address you want your study guide mailed to)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Best Number To Reach At) \_\_\_\_\_ Chapter Affiliated Name \_\_\_\_\_

Exam to be taken: CPAT \_\_\_\_\_ (Hospital) CPAT Dual Certification \_\_\_\_\_ (Hospital)  
(Choose only one) \*Only for Current CCAT Certified Examinees

CCAT \_\_\_\_\_ (Clinic) CCAT Dual Certification \_\_\_\_\_ (Clinic)  
\*Only for Current CPAT Certified Examinees

When are you taking the exam? February May August November

If you have taken the exam in the past, please write the exam month/year: \_\_\_\_\_

If you need to retake a section of the exam you missed, please check that section below:

*Examinees must pass 2 of 3 sections in the previous exam otherwise a complete retake is necessary*

*If it has been more than one year since you originally sat for the exam a retake of the entire exam will be necessary*

EXAM SECTION: 1. (Patient Access) \_\_\_\_\_ 2. (Billing) \_\_\_\_\_ 3. (Credit & Collections) \_\_\_\_\_

### **EXAMINEE MAILING INSTRUCTIONS & THINGS TO NOTE:**

Mail this application and your check/mo (credit cards and purchase orders are not accepted) made out to “AAHAM” to your Chapter Certification Chair. \$75.00 for the full exam, \$30.00 for a section retake, \$50.00 for the dual certification exam. Please keep a copy of this application. All first time Full and Dual examinees will receive a Technical Certification Study Guide and confirmation letter at the address noted on this application 7 weeks before the exam takes place. Examinees retaking a section of the exam will receive a confirmation letter 7 weeks before the exam and are responsible for the material in the study guide originally sent them along with the study guide addendum available at: [https://www.aaham.org/certification/tech/tech\\_certification.htm](https://www.aaham.org/certification/tech/tech_certification.htm) Email [dan@statmarketing.com](mailto:dan@statmarketing.com) if you have not received your guide and/or letter seven weeks out.

Applications and payments must be received by the Chapter Certification Chair by: 12/1 for the February exam, 3/1 for the May exam, 6/1 for the August exam, and 9/1 for the November exam. Your Chapter Certification Chair address, name, email is located at [http://www.aaham.org/certification/tech/tech\\_certification.htm](http://www.aaham.org/certification/tech/tech_certification.htm). Please note that the February and August examinations may not be available for you Chapter. Exam availability will be noted at the link with Chapter Certification Chair information. Please select a chapter closest in proximity to you that is offering the examination. Mail your payment and application to that address and note the deadlines mentioned earlier. Late payments/applications will not be accepted. No checks or applications are to be sent to the Fairfax, VA address.

Applicants are to be contacted by their Chapter Certification Chair (via phone or mail) indicating the time and location of the exam by 2/7 for a February exam, 5/7 for a May exam, 8/7 for an August exam, and 11/7 for a November exam. The exam date usually falls between the 3<sup>rd</sup> and 4<sup>th</sup> weeks of the exam month. If you have not been contacted by this deadline please call 703-281-4043 ext. 105 immediately. Applicants are required to read the “CPAT/CCAT Frequently Asked Questions” before or immediately after completing this application at [www.aaham.org](http://www.aaham.org) under the green “Technical Certification” tab.

**QUESTIONS?** Work: (703) 281-4043x105 Email: [dan@statmarketing.com](mailto:dan@statmarketing.com) Website: [www.aaham.org](http://www.aaham.org)

**SIGNATURE OF APPLICANT:** I have read and understood the above “Mailing Instructions & Things to Note.”

X \_\_\_\_\_

(Version 3-3-05)



**NEW from AAHAM!**

# The Technical Certification Video

**This unique training tool** focuses on Patient Access Services, Billing, and Credit & Collections to help you improve your staff's knowledge and your bottom line.

This 3.5-hour interactive VHS video also works in conjunction with the *Technical Certification Study Guide* to help prepare for both the CPAT (Certified Patient Account Technician) and CCAT (Certified Clinical Account Technician) exams.

Brought to you by AAHAM, the leader in Certification.

2002 Edition

**Order today by phone, fax, Internet or mail!**

## Yes, I want this invaluable resource from AAHAM!

- ☐ Send me *The Technical Certification Video* at the AAHAM member price of only \$150 per video (includes shipping).
- ☐ Send me *The Technical Certification Video* at the nonmember price of only \$175 per video (includes shipping).

Please type or print. Complete entire form.  
Please keep a copy for your records.

MEMBERSHIP ID# \_\_\_\_\_ (Include to obtain the member price.)

Company Name \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## Payment Method Select one:

☐ CHECK # \_\_\_\_\_

☐ VISA ☐ MC ☐ AMEX

**Make checks payable to:  
AAHAM.**

Amount \$ \_\_\_\_\_

Credit Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder's Name or Name on Check \_\_\_\_\_

Check No. \_\_\_\_\_

Signature \_\_\_\_\_

I agree to pay the above total amount according to the card issuer's agreement.

## Four Ways to Order:



**(703) 281-4043**



**(703) 359-7562**



**www.aaham.org**



**AAHAM CPAT/CCAT Video**  
STAT Marketing/AAHAM National Office  
11240 Waples Mill Road, Suite 200  
Fairfax, VA 22030